

Commonwealth of Massachusetts

Manufactured Buildings Program

Application for Renewal of Third Party Inspection Agency (TPIA)

780 CMR R3 - *The Rules and Regulations for Manufactured Buildings, Building Components and Manufactured Homes* requires Third Party Inspection Agencies to be certified (as approved) in order to perform inspections and evaluations of building systems, compliance assurance programs, manufactured buildings and building components on behalf of the Commonwealth for the manufactured buildings program. This application shall be completed annually to renew said certification. Please complete this application fully. If you have any questions regarding the application process, please call (508) 422-1955.

пус	a nave any questions regard	ing the applicat	ion proc	cess, pred	se ean (866) 12	22 1700.						
	e of Third Party ection Agency (TPIA)							Massachusetts Approval Number				
	of Application:	Amount of Ren	Amount of Renewal Fee: \$500.00						Check #			
Corp	orate Headquarters:											
Cor	ntact Person:											
Ad	dress:											
Tel	lephone: ()		Fax:	()			Email:					
		Please ı	apdate a	all inforn	nation as requ	uested be	elow.					
				Name of	Directors:							
	List all directors separately,	noting qualifica	ations.]	Indicate v	vhether or no	t there h	as been	a change since yo	ur las	st renewal.		
No.	Name of Director	ifications (Registered Architect or Engineer)					Years of service with		Is this a			
			Please indicate discipline and state(s) where registered.					TPIA.		change from last renewal?		
		registereu.										
			Nam	ne of Cur	rent Employe	es:						
Ι	List all employees separately	, noting qualific	cations.	Indicate	whether or no	ot there l	nas beer	a change since yo	our la	st renewal.		
No.	Name of Employee Qualification Architect or		Engine	er)	Years of service with	Is this a change from la	e fu	s the employee ull-time or part- ime?	on	Is the employee on contract or on the company's		
		Please indic and state(s) registered.		ripiine	TPIA.	renewa	al?		pay	payroll?		

No.	Name of Employee	Qualifications (Registered Architect or Engineer) Please indicate discipline and state(s) where registered.	Years of service with from last TPIA. Is this a change from last renewal?		nge n last	Is the employee full-time or part-time?	Is the employee on contract or on the company's payroll?			
super		rd party inspection agency (TP raduate engineers and architec or part time.								
Has an organization chart been submitted by your company? If the answer to this question is no, or if your company's organizational structure has undergone changes since your last renewal, please attach a current organization chart to this application					No	Please indicate the date of the latest revision to your company's organization chart.				
all in		n third party inspection agency r technicians are properly educ n of education?					at Yes No			

780 CMR R3.11.11 requires each third party inspection agency (TPIA) to provide an outline of general procedures for the supervision of inspectors and evaluators including methods of checking and evaluating their work. Has your company submitted such general procedures? If no, please attach procedures to this application. Yes No Please indicate the date of the latest revision to your company's general supervisory procedures.									ny's general		
Please indicate the codes to which in-plant, manufactured building product inspections are made, citing reference year and edition.	Building	Plumbing	Mechanical Elec		Elec	ctrical	rical Handicap d Access		Other		
If approved by the Board of Building Regulations and Standards (BBRS) in writing, 780 CMR R3.3.2.2(d) allows third party inspection agencies to entrust the affixing of building or building component labels to a specific individual or individuals at a particular manufacturing plant. Has your company requested and received approval for this purpose? If yes, please list the manufacturing plants and individual(s) entrusted below. Also, affix of copy of the BBRS approval to this application.											
Manufacturing Plant Name	Plant Address		Entrusted Individual(s)				Phone Number				
								()			
	 -							()			
	<u> </u>							()			
Describe the frequency with which personnel from your agency perform in-plant inspections of the manufacturers under your care and control. List each plant separately and provide reasons for the inspection patterns. (Please make additional copies of this page if it is necessary to list all manufacturing plants under your company's care.)											
Manufacturing Plant Name	anufacturing Plant Name Plant Address		Frequency of Inspection			Reaso	Reasons				
				<u>-</u> -		<u> </u>					
	 										
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Fees: Certification renewal fees sl	hall be \$500.00 each	year. Please ma	ake che	cks payabl	le to the	Commo	nwealth	of Massa	chusetts.		
Attestation: All information pro	ovided on this appl	ication is true ar	nd accu	ırate to the	best ab	ilities of	this age	ncy.			

Mail completed applications along with all required attachments to:
Department of Public Safety
Board of Building Regulations and Standards

Signature of general manager:

50 Maple Street, Suite One Milford, MA 01757-3698

Attention: Linda Shea
linda.shea@state.ma.us
508-422-1955

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